

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non-Emergency
Certificate/License from Mobi-Care Medical
Transport LLC

Posted: led

Dept: S.A.

Date: 3/11/11

Time: 11:15

(Please type or print)

Submitted by: Mobi-Care Medical Transport LLC

Address: 2 Office Park Ct. Suite 201

Columbia, SC 29223

Telephone: 803-462-1381

Fax: 877-821-9504

Other: _____

Email: jimburr51@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate
of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

RECEIVED

MAR 10 2011

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

228505

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 111 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 03/04/2011

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

RECEIVED
MAR 08 2011
CLERK'S OFFICE

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Mobi-Care Medical Transport LLC

2 Office Park Court Suite 201, Columbia, SC 29223

Street Address of Applicant

Same as above

Mailing Address of Applicant if different from street address

803-462-1381

Phone

877-821-9504

Fax

jimburr51@bellsouth.net

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Jim Burr, 1606 Mill St., Camden, SC 29020

Yi Li, 4 Hillview Court, Columbia, SC 29229

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 04 Year 2011

Assets:

Cash	\$40,000
Receivables	0
Real Estate	\$80,000.0
Buildings and Equipment (Net)	\$15000.0
Motor Vehicles (Net)	\$
Garage Equipment (Net)	\$500.0
Machinery and Tools (Net)	\$600.0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	\$136,100.00
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	\$45000.0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	\$45,000.0
Capital Stock	0
Retained Earnings	0
Total Equity	\$91,100.0
Total Liabilities and Equity	\$136,100.0

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

See attached fee schedule

Counties to be Served:

Richland County, Lexington County, Kershaw County

Maximum Number of Passengers per Vehicle:

7

Mobi-Care Medical Transport LLC
2 Office Park Court, Suite 201
Columbia SC 29223
803 445 2200

Non Emergency medical transport Fee Schedule

Quoted Rates are for door to door assisted service

Ambulatory Transport:

\$45.00 minimum charge for first 15 miles. After 15 miles, the charge is \$3.00 per passenger mile

Wait Time \$25.00 per hour

Wheelchair Transport Fee Schedule

One way trips and hospital discharges are \$45.00 Load fee plus Mileage

\$45.00 load fee plus mileage

Mileage is calculated @\$3.00 per mile

Wait time \$25.00 per hour

Weekend and evening Rates \$60.00 load fee plus applicable mileage

Stretcher Transport Fee Schedule

\$175 Load Fee plus mileage

One way, Hospital Discharge \$200 load Fee plus applicable one way mileage

Weekend, late night and holiday rates \$275 load fee plus mileage

Wait Time \$50.00 per hour

* Evening rates apply from 5:00pm until 8:00 am

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Mobi-Care Medical Transport LLC

Name of Motor Carrier

2077 ICE PARK COURT #201 Columbia SC

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 4500.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Sparks Insurance Company

Name of Insurance Company

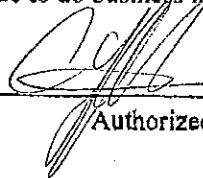
185 Asylum Street, City Place II Hartford, CT 06103

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

03/3/2011

Date



Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Richland

James R Burr
Applicant's Signature

I, *Yi Li* *James R Burr Co - Owner*
Name of Applicant's Representative Title
of *Mobi-Care Medical Transport LLC*,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

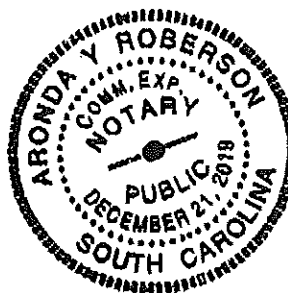
James R Burr
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 4th day of March, 2011

Aronda Y Roberson
Notary Public

Commission Expires

December 21, 2019

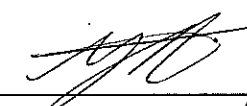


PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Richland



Applicant's Signature

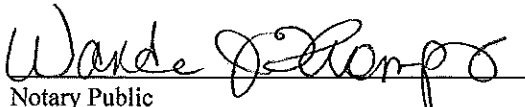
I, _____, _____
Name of Applicant's Representative Title

of _____,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Signature of Applicant's Representative

SWORN TO BEFORE ME
This 4th day of March, 2011


Notary Public

Commission Expires 10/20/2019

WANDA J. THOMPSON
Notary Public - State of South Carolina
My Commission Expires October 20, 2019

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MOBI-CARE MEDICAL TRANSPORT LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 8th, 2011, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 8th day of March,
2011

A handwritten signature of Mark Hammond in cursive script.

Mark Hammond, Secretary of State

Official Receipt

A payment has been submitted and a receipt generated based on the submission.

Transaction Reference Number:1099154091

Transaction Date:3/8/2011 11:59:19 AM

Scheduled Settlement Date:TBD



Mobi-Care Medical Transport LLC

Application / L/P/R Request / Fees

Date

Fee

Add New/Existing Business

3/8/2011

Articles of Organization Limited Liability Company

Filing

\$ 110.00

New Location - Mobi-Care Medical Transport LLC

\$ 0.00

Mobi-Care Medical Transport LLC Total :

\$ 110.00

Mobi-Care Medical Transport LLC Total :

\$ 110.00

Credit card/debit card used to pay the full amount listed above XXXX-XXXX-XXXX-1010.

Additional Application Information



Mobi-Care Medical Transport LLC

Application / L/P/R Request / Attachment(s)

Add New/Existing Business (Shopping Cart ID: 156760)

Articles of Organization Limited Liability Company

The Secretary of State will review your application. Upon approval, the Secretary of State will send to your email address an official copy of the articles and a Certificate of Organization. This is a one time event; there is no renewal. You may want to check the trash or junk email folders; sometimes the emails are moved to these folders. The 'from address' will read secstatscbos@sos.sc.gov.

New Location - Mobi-Care Medical Transport LLC

SCBOS and the Dept. of Revenue have recognized that you have added a location to your business. Information on any License/Permit/Registration specific to this location will be listed within this document or on subsequent pages.

Add New/Existing Business

Dummy LPR used to signify SOS pre-approval. Also displays in workspace for restart rejected.